



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
POLICY DIRECTIVE**

Policy No. DOC 4.5.21	Subject: LOCKED HOUSING OFFENDER HEALTH EVALUATION	
Chapter 4: FACILITY/PROGRAM SERVICES		Page 1 of 3
Section 5: Health Care for Secure Facilities		Effective Date: Jan. 1, 1998
Signature: /s/ Bill Slaughter, Director		Revision Date: 04/18/06

I. POLICY

The Department of Corrections facility health care providers will manage offender physical and mental health conditions during the offender's locked housing confinement.

II. APPLICABILITY

The secure facilities that include Riverside and Pine Hills Youth Correctional Facilities, Montana State Prison, Montana Women's Prison, and the private and regional facilities contracted to the Department of Corrections.

III. REFERENCES

A. *National Commission on Correctional Health Care Standards, 2003*

IV. DEFINITIONS

Locked Housing – Cells designated for pre-hearing confinement, disciplinary detention, administrative segregation, special management, and maximum security offender housing.

Extreme Isolation – A housing status that limits offender contact with staff or offenders to less than three times a day.

Health Care Providers – Licensed health care providers (e.g., physicians, nurses, psychiatrists, dentists, and mental health practitioners), including contracted or fee-for-service providers, responsible for offender health care and treatment.

Facility Administrator – The official, regardless of local title (administrator, warden, superintendent), ultimately responsible for the facility or program operation and management.

V. DEPARTMENT DIRECTIVES

A. Notification

Facility staff will immediately notify health care providers of an offender admission to locked housing.

B. Review and Referral

1. Health care providers will:

Policy No. DOC 4.5.21	Chapter 4: Facility/Program Services	Page 2 of 3
Subject: LOCKED HOUSING OFFENDER HEALTH EVALUATION		

- a. review the offender's medical file to determine whether existing medical, dental, or mental health needs contraindicate a placement in segregation or require discussion of alternative placement;
 - b. immediately refer an offender who is currently receiving mental health treatment to appropriate mental health staff for further examination; and
 - c. document the referral in the offender's health record.
2. Mental health practitioners must examine the offender within 24 hours of the referral.

C. Housing Alternatives

1. The health care provider will notify and consult with the facility administrator on offender housing alternatives if there are medical or mental health contraindications to placement in locked housing.

D Contraindicating Conditions

1. Contraindicating conditions to placement in facility locked housing may include, but are not limited to:
 - diminished consciousness
 - disorientation
 - persistent vomiting
 - significant contusions
 - severe laceration or trauma
 - respiratory distress
 - current suicidal ideation or behavior
 - unstable psychiatric illness
 - inter-maxillary fixation
 - uncontrolled seizure disorder
 - acute alcohol and drug withdrawal

E. Monitoring

1. Indicated staff will monitor all segregated offenders based on the following degrees of isolation:
 - a. health care providers will monitor offenders under extreme isolation daily;
 - b. mental health practitioners will monitor offenders under extreme isolation a minimum of once a week;
 - c. health care providers will monitor offenders who have limited contact with staff or other offenders a minimum of three days a week; and
 - d. health care providers or mental health practitioners will check offenders who are allowed recreation or social contact during segregation once a week.
2. Health care providers will schedule the offender for an assessment when they identify medical needs or mental health concerns during monitoring rounds.

F. Sick Call

Policy No. DOC 4.5.21	Chapter 4: Facility/Program Services	Page 3 of 3
Subject: LOCKED HOUSING OFFENDER HEALTH EVALUATION		

1. Health care providers will meet with offenders who require assessment in an appropriate clinical setting.
2. Health care providers will *not* provide offender health care in cells.

G. Documentation

1. Health care providers will document:
 - a. locked housing rounds either on logs or cell cards or in the offender's health record;
 - b. any significant medical findings in the offender's health record; and
 - c. any significant mental health findings in the offender's health record as a mental health contact note.
2. All documentation must include the date and time of contact and the signature of the health care provider.

VI. CLOSING

Questions concerning this policy should be directed to the health services bureau chief.